STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

EMPLOYER TESTING PROGRAM
REQUEST FOR REINSTATEMENT
EMPLOYER NUMBER

FOR DMV USE ONLY	
APPLICATION APPROVED	EFFECTIVE DATE
APPROVED BY	DATE

I am requesting reinstatement of my Employer Number. I have corrected all of the deficiencies that were identified during DMV's review of records and my driver testing practices, and have mailed the correction letter to the DMV Intrastate Audit Section on _____.
DATE

EMPLOYER'S NAME	EMPLOYER NUMBER	
EMPLOYER'S MAILING ADDRESS CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS CITY	STATE	ZIP CODE
ADMINISTRATOR'S PRINTED NAME	WORK PHONE NUMBER ( )	
ADMINISTRATOR'S SIGNATURE ✍	DATE	

DL 813 ETP (NEW 11/2001) **WWW**

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS